

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3026 95-62-006788  
STATE FILE NUMBER

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 95

AMENDED

## 1. PLACE OF DEATH

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN INDEPENDENCE

Length of stay in 1b  
Transit

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION 10227 E. 40 Hiway

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE ILLINOIS b. COUNTY COOK

c. CITY OR TOWN WOOD DALE

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
455 N. CEDAR

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First Middle Last  
GEORGE CHARLES DRUCKER, JR.

4. DATE OF DEATH Month Day Year  
FEBRUARY 22, 1962

5. SEX  
MALE

6. COLOR OR RACE  
WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
8-28-1917

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
44 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
ELECTRICIAN

10b. KIND OF BUSINESS OR INDUSTRY  
BUILDING TRADE

11. BIRTHPLACE (City and state or country)  
CHICAGO, ILLINOIS

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

GEORGE DRUCKER

## 13b. MOTHER'S MAIDEN NAME

EMILY KELLER

## 14. NAME OF HUSBAND OR WIFE

Carol Drucker

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes WWII

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address Illinois

CAROL DRUCKER, 455 N. Cedar, Wood Dale.

## 18. CAUSE OF DEATH (Enter only one cause per line. PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

History & Inspection

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Two Car Collision

20c. TIME OF INJURY  
Hour Month, Day, Year  
3:20 a.m. 2-22-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Highway

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
Independence Jackson mo

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

(Sign)

REMOVAL 2-22-62

ACACIA PARK CEMETERY

NORWOOD TOWNSHIP, CHICAGO, ILL.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

GEO. C. CARSON & SONS, INDEPENDENCE, MO.

2-22-62

Alba L. Craig

APR 5 1962  
APR 18 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Independence Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.